

**PTO Check Request**

Voucher No.:	Cost Batch ID:	PTO Check Request No.:	Pay Date:
		PTO00000119	

Requesting Attorney:	1771	Stephen E. Kabakoff
Print Location(For Future Use):	Washington, DC	
Deliver To:	Regional Desk	
Full Client Matter No.:	05788:0373-00000	Integrated Optical Add/Drop Device Having Switching
	05788	Pirelli & C. S.p.A.

**Request Details:**☒ Billable

Cost Code:

Description:

Additional Description:

Amount:

\$0.00

Add

Change

Delete

Clear

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Cost Code	Category Description	Additional Description	Amount
02	Extension of Time - One Month		\$120.00
05	Extra Claims Fee		\$950.00

Total  
Check :

\$1,070.00

PRINT SCREEN

DELETE FORM

SUBMIT